

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-976)

Serial No.
10/1658697
Appln. No.

Filing Date

10-1-04 11-22-04

CLAIMS

APPLIED NO.	AFTER THE AMENDMENT		AFTER THIS AMENDMENT		NO.	DEP.
	IND.	DEP.	IND.	DEP.		
1					51	
2					52	
3					53	
4					54	
5					55	
6					56	
7					57	
8					58	
9					59	
10	1		1		60	
11	1				61	
12	1		1		62	
13	1				63	
14	1		1		64	
15	1		1		65	
16	1		1		66	
17	1		1		67	
18					68	
19					69	
20					70	
21					71	
22					72	
23					73	
24					74	
25					75	
26					76	
27					77	
28					78	
29					79	
30					80	
31					81	
32					82	
33					83	
34					84	
35					85	
36					86	
37					87	
38					88	
39					89	
40					90	
41					91	
42					92	
43					93	
44					94	
45					95	
46					96	
47					97	
48					98	
49					99	
50					100	
TOTAL IND.	1	0	1	0	TOTAL IND.	
TOTAL DEP.	1	0	1	0	TOTAL DEP.	
TOTAL CLAMS	1	0	1	0	TOTAL CLAMS	

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS